



Robert F. McDonnell
Governor

James S. Cheng
Secretary of
Commerce and Trade

COMMONWEALTH of VIRGINIA

DEPARTMENT OF
HOUSING AND COMMUNITY DEVELOPMENT

William C. Shelton
Director

VIRGINIA MANUFACTURED HOUSING BOARD APPLICATION FOR LICENSURE SALESPERSON

1. Type of application: ☐ Initial ☐ Renewal
2. Full name of individual applying: _____
3. A.K.A., if application: _____
4. Home Mailing Address (include street and/or P. O. Box): _____

5. Work Phone: ☐ _____ Home Phone: ☐ _____
6. Email Address: _____
7. Employer Federal Identification Number (F.I.N.) _____
8. Date of Birth: _____ Male ☐ Female ☐
Height: ____ Weight: ____ Hair Color: ____ Eye Color: ____
9. Full name of company employed by: _____

Company of employment is a: Manufacturer: ____ Dealer: ____ Broker: ____
10. Full physical address of company: _____

11. Full mailing address of company: _____

Read each question below and check the appropriate response. If you answer 'yes' to any of the following questions, please attach a separate sheet explaining the circumstance(s) from start to finish. Include names, dates and court jurisdiction, and a copy of probation papers/release.

A. Have you ever been refused a license to sell manufactured homes or had a license suspended or revoked?

Yes _____ No _____

B. Have you ever been convicted of a felony?

Yes _____ No _____

C. Have you ever been convicted of any fraudulent or criminal act in connection with the business of selling manufactured homes?

Yes _____ No _____

D. Have you ever been convicted of larceny or receipt or sale of stolen property?

Yes _____ No _____

Statement of Compliance

I certify that I am familiar with the Manufactured Housing Licensing and Transaction Recovery Fund Regulations and other laws, which govern the manufactured housing industry. I am in compliance with all such laws and regulations and that the answers contained in the foregoing application are true and correct. I have the authority to sign this application and answer the questions contained therein.

Signature of Applicant

THIS SECTION IS TO BE COMPLETED BY THE AUTHORIZED INDIVIDUAL IN CHARGE OF THE DEALERSHIP.

By signing below, I hereby certify that the applicant named herein will be employed by the company as a salesperson.

Print Full Name

Signature of Authorized Individual

Date of Signature

Name of Business

**NOTE: Return the completed application along with a check or money order made payable to: Treasurer of Virginia
 Virginia Department of Housing and Community Development
 Division of Building & Fire Regulation
 P.O. Box 652
 Richmond, Virginia 23218-0652**

Please see the Memorandum of Instructions for the applicable fees.